) ·	OIPEVO	PART B—ISSU		NSMITTAL		ユリューフィ 0 1999
Complete and mail this form, together with a sale fees, to:  Box ISSUE FEE  Assistant Commissioner for Parents  Washington, D.C. 20231						0 1999 🖑
.•		7	540	4/26/00	BY:	
MAILING INSTRUCTIONS: This form shows by for transmitting the ISSUE FEE. Blocks through 4 should be completed where appropriate. All further correspondence including the Issue F Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the curre correspondence address as indicated unless corrected below or directed otherwise in Block 1, by specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)				mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.		
***************************************	E 01 155	QM12/	1214	and and and and	·	
DANIEL L 5252 KEN	Denise Wy	rick -	(Depositor's name)			
HUNTINGTON BEACH CA 92649				Mense	Wriet	(Signature)
•				inacres on 3	3/7/2/00	(Date)
APPLICATION NO.	FILING DATE	TOTAL CLAIMS	,	EXAMINER AND GRO	UP ART UNIT	DATE MAILED
First Named US/64/, 1 Applicant	14 05/0 <del>9/96</del>	010	COHEN	l, L.	373	<del>12/14/99</del>
TITLE ON GUGLIE	LMI,	35 1	<del>JSC 154</del>	(b) term ext	= 0 t	ays.
INVENTION  ENDOVASCULAR ELECTROLYTICALLY DETACHABLE WIRE AND TIP FOR THE FORMATION OF THROMBUS IN ARTERIES, VEINS, ANEURYSMS, VASCULAR MALFORMATIONS AND ARTERIOVENOUS FISTULAS						
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPI		FEE DUE	DATE DUE
1. Change of correspondence and Use of PTO form(s) and Custom  Change of correspondence and PTO/SB/122) attached.  "Fee Address" indication (or "	ng on the patent front page, Il so of up to 3 registered pate agents OR, alternatively, (a single firm (having as registered attorney or ager es of up to 2 registered pate agents. If no name is listed, r printed.	of up to 3 registered patent pents OR, alternatively, (2) a single firm (having as a site defence of attorney or agent) of up to 2 registered patent ents. If no name is listed, no				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE The Regents of the University  of California  (B) RESIDENCE: (CITY & STATE OR COUNTRY) Oakland, California  Please check the appropriate assignee category indicated below (will not be printed on the patent)  individual  composition or other private group entity  government				4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):    Issue Fee   Issue Fee		
The COMMISSIONER OF PATENT (Authorized Signature)	S AND TRADEMARKS IS 1901		Fee to the ap	plication identified above.		
(Authorized Signature)  (Date)  2/3/00				: 02/12/2000 over	NIITE ABBABAS	
NOTE; The Issue Fee will not be accepted from amyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.				01 FC:142 02 FC:561	RHI1 00000027 0864	17114 1210.00 OP 30.00 OP
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.					ENTEREDON DOCKET	TESPONSE DUE 0-14-99
or information diffess it displays a valid OMD CONTROL NUMBER.					ACTION NO	TED

TRANSMIT THIS FORM WITH FEE